## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000051416**1. Entity Name

CLEARLY CLEAN JANITORIAL, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

2321 17 ST SW NAPLES, FL 34117 Mailing Address

2321 17 ST SW NAPLES, FL 34117



	NO	T WR	ITE I	N T	214	SDA	CE
UU	INU	IVVR		IN 11	пю	JP#	

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3655519 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RALEIGH, CHRISTINE 2321 17 ST SW NAPLES, FL 34117

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and site	If applicable. (NOTE: Registers	Apent signatur	required when reinstating)	DATE	
FILE NOWIII FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	I			
ITILE NAME STREET ADDRESS CITY-ST-ZIP	PS RALEIGH, CHRISTINE 2321 17 ST SW NAPLES, FL 34117					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RALEIGH, JASON 2321 17 ST SW NAPLES, FL 34117		,		000000741426 05/15/07-80026-021 150.00	
TITLE			1			
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICE

JOON L RAL

4-19-07

739-777-7522

Daytime Phone #